


Wisconsin Department of Agriculture, Trade and Consumer Protection

Division of Animal Health

Phone: 608-224-4872 Fax: 608-224-4871

DOG SELLER AND DOG FACILITY OPERATOR LICENSE NEW APPLICATION

s. ATCP 16.06, Wis. Admin. Code, chs. 93 and 173, Wis. Stats. For license year ending Sept. 30, 2014

APPLICANT INFORMATION

Legal Name

Business Name/DBA (list all names, if different from above)

Legal Entity Type (Check one):
☐

Individual

☐

General Partnership

☐

Trust/Estate

☐

Other (please specify): _____

☐

Corporation/Cooperative

☐

LLC

☐

State in which business formed: _____

☐

LLP

☐

Limited Partnership

Primary #:

() -

☐ Cell ☐ Home ☐ Work

Secondary #:

() -

☐ Cell ☐ Home ☐ Work ☐ Fax

Email:

Primary Contact

If different than business number above:

Primary # :

() -

☐ Cell ☐ Home ☐ Work

Secondary #:

() -

☐ Cell ☐ Home ☐ Work ☐ Fax

Email:

Check the applicable boxes that describe your activities (see instructions for definitions):
☐ Dog breeder☐ Dog dealer☐ Out of state dog dealer☐ Dog Breeding Facility☐ Animal Shelter☐ Animal Control Facility
Principal Business Address and Facility Information (use page 3 to list additional locations)

Principal Business Address

Fire #

City

State

Zip Code

County

Town

Township

Range

Section

Is this location operated as a:

☐ Animal Control Facility ☐ Animal Shelter ☐ Dog Breeding Facility

What year did this facility begin doing business? _____

Mailing Address (if different than above)

City

State

Zip Code

County

Is this license application for a facility used solely of the purpose of breeding, raising and selling dogs for scientific research to facilities licensed or registered by the USDA and the dogs are not resold to any other persons? ☐ Yes ☐ No

Does the applicant consign any dogs to individuals for home custody? <input type="checkbox"/> Yes <input type="checkbox"/> No	Average number of dogs consigned to home custody annually _____
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Fees (Fees are nonrefundable and nontransferable) Use A, B, or C, as applicable.

A. Animal Shelters and/or Control Facilities	\$125 for each animal shelter and/or animal control facility being licensed. No. of facilities _____	Total \$ _____
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B. WI Dog Breeders, Breeding Facilities and Dealers Fee is based on total number of dogs sold at all locations.	Total number of dogs that the applicant sold during the 12 months preceding this application from all locations _____ (If none, see next column)	Total number of dogs that the applicant expects to sell from all locations from now until Sept. 30, 2014 _____
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Number from above is:		
At least 25 but less than 50:	\$ 250	
At least 50 but less than 100:	\$ 500	
At least 100 but less than 250:	\$ 750	Total \$ _____
At least 250:	\$ 1000	

C. Out-of-State Dog Dealers (include copy of dog seller license from home state and any required federal license) Fee is based on total number of dogs sold in WI.	Total number of dogs that the applicant sold in WI from all locations during the 12 months preceding this application _____ (If none, see next column)	Total number of dogs that the applicant expects to sell in WI from all locations from now until Sept. 30, 2014 _____
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Number from above is:		
At least 25 but less than 50:	\$ 375	
At least 50 but less than 100:	\$ 750	
At least 100 but less than 250:	\$ 1,125	Total \$ _____
At least 250:	\$ 1,500	

Mail your material and payment to: WDATCP Division of Animal health PO Box Lockbox 93598 Milwaukee, WI 53293-0598	A, B or C: Total \$ _____
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SIGNATURE:
I certify that all information on this application and any attached sheets is true, accurate and complete. I certify by my signature that I am familiar with Wisconsin Administrative Codes and Wisconsin Statutes applicable to dog sellers in Wisconsin.

Signature: _____

Printed Name: _____

Applicant's title: _____ Date: _____

The Department of Agriculture, Trade and Consumer Protection is not responsible for lost, stolen, misdirected, illegible, incomplete, not-received or late application requests.

Personal information you provide may be used for purposes other than that for which it was originally collected – sec.15.04(1)(m), Wis. Stats.

ADDITIONAL LOCATION IN WI WHERE DOGS ARE KEPT OR SOLD (*Required fields)

COMPLETE FOR EACH LOCATION YOU OPERATE

*Is this location operated as a:

☐ Animal Control Facility ☐ Animal Shelter ☐ Dog Breeding FacilityWhat year did this facility begin
doing business? _____

*BUSINESS NAME: _____

*ADDRESS: _____

*CITY / STATE / ZIP: _____

*COUNTY: _____ *TOWN: _____

*FIRE NUMBER: _____

TOWNSHIP: _____ RANGE: _____ SECTION: _____

*You can find the Township, Range and Section information on your tax bill.***ADDITIONAL LOCATION IN WI, WHERE DOGS ARE KEPT OR SOLD** (*Required fields)

COMPLETE FOR EACH LOCATION YOU OPERATE

*Is this location operated as a:

☐ Animal Control Facility ☐ Animal Shelter ☐ Dog Breeding FacilityWhat year did this facility begin
doing business? _____

*BUSINESS NAME: _____

*ADDRESS: _____

*CITY / STATE / ZIP: _____

*COUNTY: _____ *TOWN: _____

*FIRE NUMBER: _____

TOWNSHIP: _____ RANGE: _____ SECTION: _____

You can find the Township, Range and Section information on your tax bill.

Complete a copy of this page for all locations you operate as part of this Dog Sellers License. Do not include addresses of home custody providers. All locations must be operated by the same legal entity.